



Department of Behavioral Health and Developmental Services  
Office of Human Rights

**HUMAN RIGHTS COMPLIANCE VERIFICATION FORM**

\_\_\_\_\_  
Name of Provider

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address of program if different from provider's address

\_\_\_\_\_  
Director's name

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email address

**Please check the status that applies to you:**

- ☐ New applicant seeking DBHDS license
- ☐ Licensed provider seeking service modification (either new service or new location) in same region
- ☐ Licensed provider seeking service modification in a new region.

\_\_\_\_\_  
Type of service

\_\_\_\_\_  
Name of your Licensing Specialist, if one has been assigned

**Please complete the name of provider and Director's name in each section below:**

(Director's name) \_\_\_\_\_ verifies that (Name of provider) \_\_\_\_\_  
is in full compliance with the *Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded and Operated by the Department of Behavioral Health and Developmental Services (DBHDD)*.

(Name of provider) \_\_\_\_\_ has a mission statement/value and other documents that promote the policy (12 VAC 35-115-20) of the human rights regulations

(Name of provider) \_\_\_\_\_ has policies and procedures written in full compliance with each of the following sections of the regulations.



12 VAC 35-115-50-Dignity  
12 VAC 35-115-60-Services  
12 VAC 35-115-70 Participation in Decision Making  
12 VAC 35-115-80 Confidentiality  
12 VAC 35-115-90 Access to and amendment of services record

(Name of provider) \_\_\_\_\_ has documents and notices in compliance with  
12 VAC 35-115-40-Assurances.

(Name of provider) \_\_\_\_\_ has practices and policies that promote the  
freedoms of everyday life as found in 12 VAC 35-115-100.

The provider does or does not (circle one) have Program Rules.

(Name of provider) \_\_\_\_\_ shall submit Program Rules to the human  
rights advocate for review and to the local human rights committee for review and approval prior to  
implementation.

(Name of provider) \_\_\_\_\_ will or will not use seclusion, restraint and time out.

If yes, (Name of provider) \_\_\_\_\_ has a policy written in accordance  
with 12 VAC 35-115-110 for the use of such interventions.

(Name of Director) \_\_\_\_\_ shall submit the seclusion, restraint  
and time out policies to the human rights advocate and local human rights committee for review and  
comment prior to implementation.

(Name of provider) \_\_\_\_\_ has a policy for behavioral management written in  
accordance with 12 VAC 35-115-110.

(Name of provider) \_\_\_\_\_ has a policy that addresses decision making,  
consent and authorization as well as substitute decision making in accordance with 12 VAC 35-115-145 and  
146.

(Name of provider) \_\_\_\_\_ has a policy that describes the complaint  
resolution process in accordance with 12-VAC 35-115-170.

(Name of provider) \_\_\_\_\_ has policies in accordance with all other sections  
of the human rights regulations applicable to the provider's service or program including 12 VAC 35-115-120,  
Work and 12 VAC 34-115-130 Research

(Name of Director) \_\_\_\_\_ has reviewed and understands the reporting  
requirements in 12 VAC 35-115-230.

(Name of Director) \_\_\_\_\_ has reviewed and understands the requirements for  
employee training, local human rights committee affiliation & support, and all other requirements in 12 VAC  
35-115-250.

\_\_\_\_\_  
**Director's signature**

\_\_\_\_\_  
**Date**

Submit the completed form to Margaret Walsh, Director, Office of Human Rights by mail to 1220 Bank Street,  
Richmond, VA 23218, via fax at 804-371-2308 or email to [margaret.walsh@dbhds.virginia.gov](mailto:margaret.walsh@dbhds.virginia.gov).

*For questions call Margaret Walsh 804- 786-2008*

Revised 2012